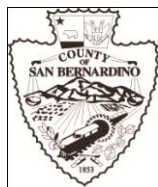


Commuter Transportation Survey Form



Work Address: _____

County of San Bernardino

This survey is required to comply
with SCAQMD Rule 2202

IECS # 1376 - ____

1. Name

Last (REQUIRED)

First (REQUIRED)

Initial

2. Home Address (Address is confidential per state law*)

Number (No P O Boxes)

Street

Apt. #

City (REQUIRED)

Zip Code (REQUIRED)

3. Closest Major Intersection to Your Home

&

Provide both intersecting street names

4. Contact Phone Number

Area Code

Extension

Is this number:

Work

Home/Cell

5. What are Your Normal Work Hours? (Circle am or pm)

Start Time

am
pm

Leave Time

am
pm

a. If your work hours vary from day to day please check here ☐

b. If you have up to one-hour flexibility in your start and leave times, please check here ☐

6. Enter Your Department Name

6a. Enter Your Emp ID No. (REQUIRED)

6b. Enter Your Email Address

7. How do you normally travel to work? (Check one box)

D ☐ Drive alone

C ☐ Carpool

V ☐ Vanpool

P ☐ Public Bus

R ☐ Metrolink

W ☐ Walk

B ☐ Bicycle

T ☐ Telecommute

M ☐ Motorcycle

8. As a thank you for completing this survey, you will receive a free RideGuide. Your personalized RideGuide will provide you a list of commuters, with similar work hours to your schedule, and who live in your surrounding neighborhood or work at your company or a business nearby. Your name and contact number will be referred to other people on their RideGuide as well (home address will **never** be shared). Please use your RideGuide to carpool at least once a week, which can be a great alternative if you need to share a ride due to an emergency or when your vehicle is in the shop for repairs. Your RideGuide will also provide additional ridesharing information regarding Metrolink, vanpooling, public bus, Park & Ride lot locations and rideshare program incentives.

☐ IF YOU DO NOT WISH TO RECEIVE A RIDEGUIDE, PLEASE CHECK THE BOX

1-866-IECS4HELP (1-866-432-7443)

PLEASE COMPLETE SIDE 2

*Per California Penal Code section 637.6, this information will only be used for ridesharing purposes. Home addresses are never disclosed. Regional rideshare services are provided by Inland Empire Commuter Services, a joint effort of Riverside County Transportation Commission and San Bernardino Associated Governments.

12/08

Survey Year: 2010

Instructions:

(1) Write the time you began work for each day. (2) Circle am or pm. (3) Place one check mark in each column as to your commute mode or day off. (4) There should be five (5) check marks on the form. One check mark for each day.

YOU MUST ENTER THE TIME YOU BEGAN WORK – EVEN FOR THE DAYS YOU WERE NOT AT WORK.

Survey Week Dates

Write in the Time you Began Work

Circle am or pm



5/10		5/11		5/12		5/13		5/14	
Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

COMMUTE MODE

- A. Drive Alone
- B. Motorcycle
- C. 2 Persons in Vehicle
- D. 3 Persons in Vehicle
- E. 4 Persons in Vehicle
- F. 5 Persons in Vehicle
- G. 6 Persons in Vehicle
- H. 7 Persons in Vehicle
- I. 8 Persons in Vehicle
- J. 9 Persons in Vehicle
- K. 10 Persons in Vehicle
- L. 11 Persons in Vehicle
- M. 12 Persons in Vehicle
- N. 13 Persons in Vehicle
- O. 14 Persons in Vehicle
- P. 15 Persons in Vehicle
- Q. Bus
- R. Rail/Plane
- S. Walk
- T. Bicycle
- U. Zero Emission Vehicle (No Hybrids)
- V. Telecommute (reduction of more than 50% of trip)
- W. Noncommuting

[illegible]**COMPRESSED WORK WEEK DAY(S) OFF**

(Indicate your typical start time on the day(s) you are on a compressed work week day(s) off)

- X. 3/36 work week days off (2 days)
- Y. 4/40 work week day off (1 day)
- Z. 9/80 work week day off (1 day)

OTHER DAYS OFF (Indicate your typical start time (above) on the day(s) you are off)

- AA. Vacation
BB. Sick
CC. Regular Day Off, Jury Duty, LOA, etc

You should have only five (5) check marks, one for each day of the survey week.

Signature _____ Date _____

Thank you for your cooperation!